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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						plete if Known		
				_		10/773,681-Conf. #7805		
FEE TRANSMITTAL						February 6, 2004		
For FY 2009						Pradeep Bahl		
						T. Hussain		
Applicant claims small entity status. See 37 CFR 1.27			7112 451111		2452			
TOTAL AMOUNT OF PAYMENT (\$) 1,920.00			Attorney Docket	No.	M1103.70234US00			
METHOD OF PAYMENT (c	heck all ti	nat apply)						
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Ac	count Numb	er: 23/	2825	Deposit .	Account Name	: Wolf, Green	ifield & Saci	ks, P.C
For the above-identified	deposit a	ccount, the Di	irector is	hereby authorize	ed to: (chec	k all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AI								
		G FEES	SE	ARCH FEES	EXAMIN	IATION FEES		
Application Type F	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)
Utility	330	165	540	270	220	110	••••	
<u>-</u>	220	110	100	50	140	70		
~	220	110	330	165	170	85		.,,
	330	165	540	270	650	325	_	
	220	110	0	0	0	0		
2. EXCESS CLAIM FEES			_	-	•	-	s	mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims							390	195
Total Claims			ee Paid (\$) Mu		ultiple Dependent Claims			
- or HP = x =				Fe	e (\$)	Fee Paid (\$)		
HP = highest number of total claims p	aid for, if gr							
Indep. Claims Extra C	laims x	Fee (\$)	Fe	ee Paid (\$)				
- or HP = HP = highest number of independent			n 3.					
3. APPLICATION SIZE FEE								
If the specification and drawin								
listings under 37 CFR 1.52					for small er	itity) for each a	dditional 50	
sheets or fraction thereof.					atia wa Alaawaasi	5 Eng (\$)	Eog D	aid (\$)
Total Sheets Extra	Sheets -			dditional 50 or frac		-	<u> </u>	ain (5)
4. OTHER FEE(S)	<del></del> '			(lound up to a win	ne number)	^	Fees F	Paid (\$)
Non-English Specification.	\$130 fee	(no small ent	ity disc	ount)			1000	- αια (ψ)
Other (e.g., late filing surch	arge): 12	53 Extension	n for res	sponse within th	nird month			0.00
	<u></u>	01 Request	for cont	inued examina	tion (RCE	) (see 37	810	0.00
SUBMITTED BY		11 11						
Signature S		1 Dell		Registration No. (Attorney/Agent)	32,950	Telephone	617.646.	8000
Name (Print/Type) Edmund J. Walsh						Date F	February <u>43</u> , 2009	
			-					
	-	Certificate of	Electron	ic Filing Under 37	CFR 1.8			
I hereby certify that this paper (alor system in accordance with § 1.6(a)					,	16		onic filing
Dated: February /3, 2009			5	Signature:	ule >	Grasun	N.	